

ThriveNYC

150-Day Update



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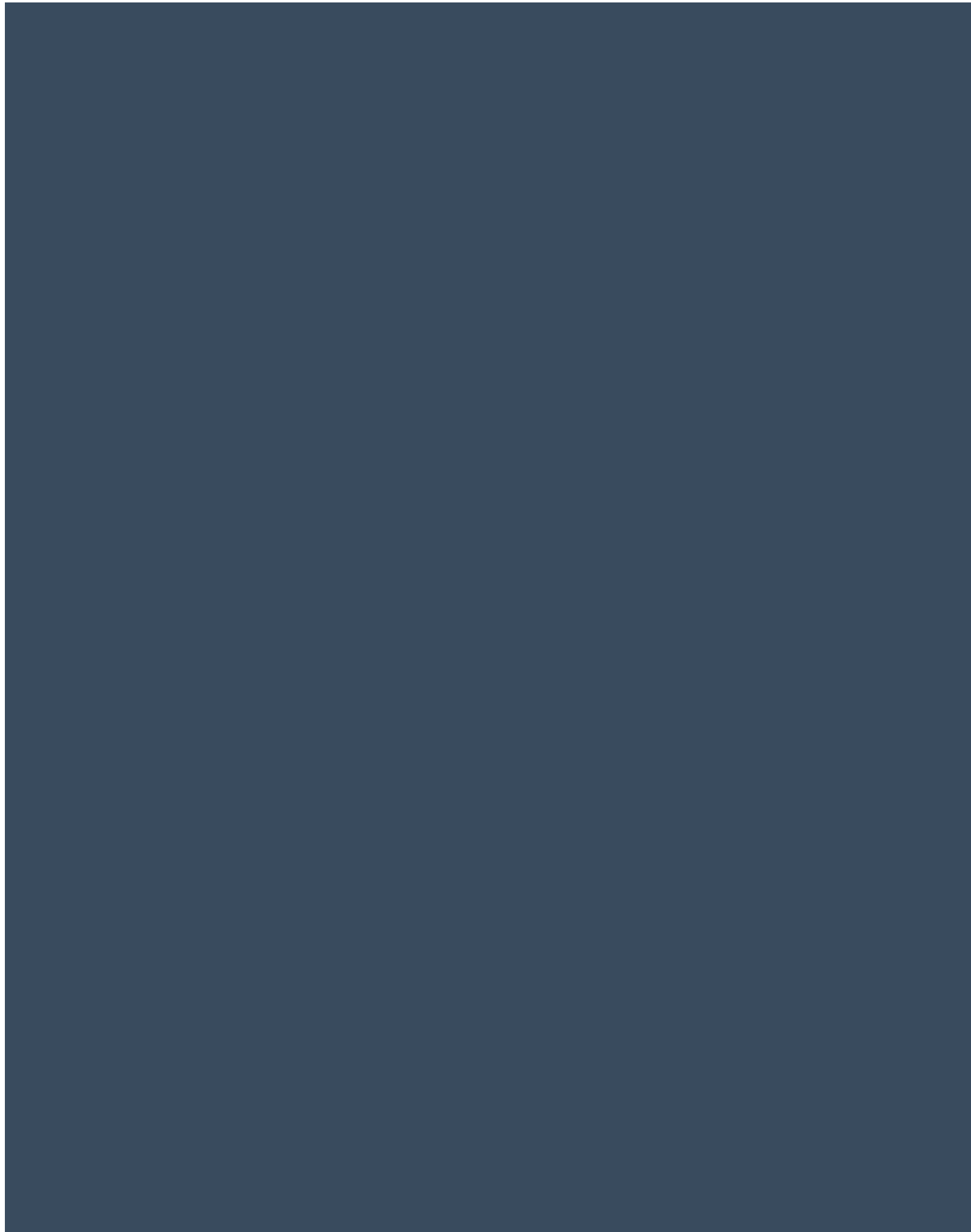


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Introduction and Summary of Key Milestones



ThriveNYC: An Overview

On November 23, 2015, First Lady Chirlane McCray announced the launch of *ThriveNYC*, a decisive turning point in the way New York City approaches mental health and substance misuse. *ThriveNYC* is an action plan to begin changing the way people think about mental health, and the way City government and its many partners deliver services. It includes 54 initiatives that address the mental health needs of New Yorkers at every stage of their lives. The City is investing \$850 million in this work in its first four years.

With *ThriveNYC*, our city is directly addressing a public health crisis that has lurked in the shadows for far too long. At least one in five adult New Yorkers is likely to experience a mental health disorder in any given year. And it's not only adults who are suffering—we also know that 50% of all lifetime cases of mental illness begin by age 14, and 75% begin by age 24.

ThriveNYC puts New York City at the forefront of the movement to develop a comprehensive solution to a pervasive problem. Our work is guided by six key principles:

- **Change the Culture:** Make mental health everybody's business. It's time for New Yorkers to have an open conversation about mental health.
- **Act Early:** Give New Yorkers more tools to weather challenges and invest in prevention and early intervention.

- **Close Treatment Gaps:** Provide New Yorkers in every neighborhood—including those at greatest risk—with equal access to care that works for them and their communities, when and where they need it.
- **Partner with Communities:** Embrace the wisdom and strengths of local communities by collaborating with them to create effective and culturally competent solutions.
- **Use Data Better:** Work with all stakeholders to address gaps, improve programs, and create a truly equitable and responsive mental health system by collecting, sharing, and using information and data better.
- **Strengthen Government’s Ability to Lead:** Affirm City government’s responsibility to coordinate an unprecedented effort to support the mental health of all New Yorkers.

Early Progress

This document is a product of the Mental Health Council, which was charged with releasing an update on *ThriveNYC* within 150 days of the release of the original report. We will chronicle our progress to date, identify our legislative priorities, and document other cross-agency initiatives that will drive mental wellness forward in New York City and beyond. Though not intended to be comprehensive, this update shows that less than six months after the launch of *ThriveNYC*, there is measurable progress toward our goal of creating a city where every New Yorker can thrive.



Looking Forward

That being said, our work has only just begun and will pick up speed as a number of key initiatives launch in the coming months. The “Looking Forward” section of the update outlines the work we’ve done to build these initiatives, and previews what New Yorkers can expect as these initiatives grow toward full capacity.

Below is a selection of key milestones from *ThriveNYC*’s first 150 days, which we describe in greater detail later in the update.

Change the Culture

Mental Health First Aid: We launched a citywide effort to train New Yorkers in Mental Health First Aid, which teaches people how to help friends, family members, and co-workers who may be suffering. At the end of May 2016, we are ahead of target:

- More than **2,300** New Yorkers trained in how to identify signs and symptoms of mental illness, respond in a crisis, and connect people to treatment.
- **120** instructors completed their training and have begun training others.

Public Awareness Campaign: We are changing the conversation around mental health and helping people and communities take action through a multimedia public education effort.

- **\$2-million-dollar** “Today I Thrive” public awareness campaign launched; the subway ads alone are estimated to reach 2 million people.

Crisis Intervention Training: We are working with the NYPD to provide officers with the tools and knowledge they need to de-escalate crisis situations and respond to challenges related to mental health, substance misuse and other disabilities.

- **2,500** NYPD officers trained.

Act Early

Mental Health Clinics in Community Schools: We are establishing Community Schools as trusted places where students can access a wide variety of essential services—including mental health services.

- **37** new clinics opened, with an additional **15** anticipated in the next school year.

School Mental Health Consultants: We are creating a network of Mental Health Consultants who will ensure that every school has access to experts who can help educators meet the needs of their students.

- **23** Consultants hired, with all 100 to be in place by the end of the year.

Newborn Home Visiting Program: We are bringing public health professionals into the homes of new parents to provide education on a range of topics, including child development, secure attachment and bonding, safe sleep practices, and breastfeeding.

- **281** families residing in shelters and raising newborns have been visited by a public health professional.

Creating Awareness about Relationship Equality (CARE): We are teaching healthy relationship skills to teens in foster care.

- **263** young people in foster care and 243 foster care parents and staff have participated in workshops.

Close Treatment Gaps

Maternal Depression: We will screen all pregnant women and new mothers for postpartum depression. If they need help, we will also connect them to appropriate care.

- **29** hospitals responsible for 78% of newborn deliveries in NYC annually have committed to screen all mothers in their care for maternal depression.

Runaway and Homeless Youth Shelters: We will provide mental health services for all young people in Runaway and Homeless Youth Shelters.

- **1,700** mental health interventions have been provided to vulnerable young people, and mental health services are available at all City-contracted sites.

NYC Support: We are creating one central access point for anyone who wants to connect to mental health services.

- Experienced provider selected to manage what will be one of the nation's most comprehensive and accessible systems.
- System is on track to go live in Fall 2016.

Partner with Communities

NYC Mental Health Service Corps: We are embedding mental health professionals in high-need communities at primary care, mental health, and substance use treatment sites.

- **110** Corps members selected, with a total of 125 to be hired by July 2016.

Weekend of Faith for Mental Health: We partnered with houses of worship to spread the word about the importance of talking openly about mental health and seeking treatment.

- **More than 1,000** faith communities representing 250,000 New Yorkers discussed mental health at services on the weekend of May 20-22.

Virtual Learning Center: We are creating a free, online learning center where non-clinicians can go to learn more about mental health and quickly connect to professional resources.

- **50** faith leaders provided feedback on the web-based learning center we're developing.

Use Data Better

Child Health Survey: We collected reliable, representative, citywide data on the health, emotional wellness, and development of children in NYC.

- Completed Child Health, Emotional Wellness and Development Survey (CHEWDS), a cross-sectional survey of more than **3,000** families.

Mental Health Innovation Lab: We are building a resource to support innovation and the use of evidence-based practices among City agencies and our partners.

- The Lab is supporting the roll-out of Connections to Care and Early Years Collaborative by working closely with local groups to close treatment gaps, promote prevention, and use data better.

Strengthen Government's Ability to Lead

Mental Health Council: We are bringing City leaders together to advance mental wellness.

- **20** City agencies collaborating to advance the goals of *ThriveNYC*.

We are grateful to the many partners who helped make these early achievements possible, including the New York City Council, which under the leadership of Speaker Melissa Mark-Viverito has played a crucial role in helping us put *ThriveNYC* into action.



Early Progress

CHANGE THE CULTURE

Changing the culture around mental health is a top priority of *ThriveNYC*. Stigma doesn't only intensify the suffering of mental illness—it also prevents people from seeking the treatment or other supports that can transform their lives. We must replace a culture of shame and punishment with a culture of support. Several *ThriveNYC* initiatives are already advancing this goal.



REAL-LIFE IMPACT

After participating in a Mental Health First Aid (MHFA) training, Amy* reached out to her instructors and thanked them for opening her eyes to the fears that were preventing her from reaching out to her brother, who has a long history of severe mental illness. The training helped Amy let go of her old views and taught her the importance of listening in a nonjudgmental way. In her MHFA course, Amy learned about the importance of self-help and other support strategies that she was able to recommend as a supplement to the professional mental health services her brother is receiving.

***Not her real name**

Mental Health First Aid (MHFA) Training

We wouldn't look the other way if we encountered someone who broke her leg or was suffering from an asthma attack. Unfortunately, that is often what we do when it comes to people who are suffering from a mental illness.

In order to provide New Yorkers with the knowledge and skills they need to help the people in their lives, the City has committed to train 250,000 New Yorkers in Mental Health First Aid (MHFA) over the next five years. At the end of May 2016, we are ahead of target:

- More than 2,300 New Yorkers from all five boroughs have been trained in MHFA, including First Lady Chirlane McCray and Deputy Mayor Richard Buery. The rate of training will ramp up as additional instructors receive their certifications. We are on track and project training a total of 10,500 New Yorkers by the end of 2016.
- 120 instructors have completed the week-long training, received their certification, and begun training others. This puts us on track to reach our goal of training 240 instructors by the end of 2016.
- MHFA training is now available to the public three times per week. All trainings are free, and people can sign up online at nyc.gov/thrivenyc.
- MHFA training is now offered in Spanish. We expect to offer Mandarin trainings by the end of the year.

Excerpt from People.com (2015):

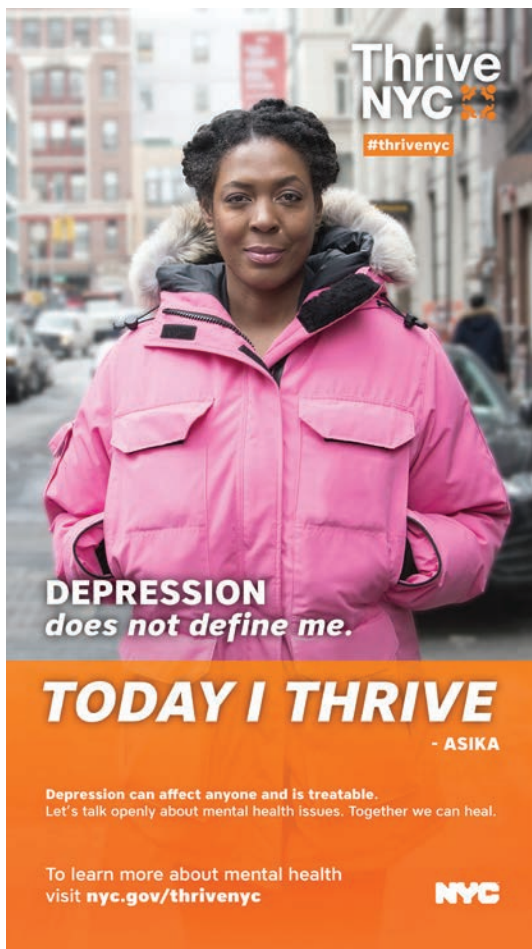
NEW YORK CITY POLICE OFFICER SAVES MAN FROM SUICIDE WITH COMPASSIONATE HUG

Officer Campoverde, who recently completed NYPD's Crisis Intervention Team training which instructs officers on how to recognize signs of mental illness, reached over the railing, grabbed the man's waistband, and pulled him to safety.

He then attempted to calm him down with a heartwarming gesture.

"Is it OK if I give you a hug, do you want a hug?" he asked, according to NYPD News.

After replying yes, the troubled man fell into the officer's arms and began sobbing.



Crisis Intervention Training (CIT)

NYPD officers frequently encounter New Yorkers in need of mental health support. Crisis Intervention Training (CIT) helps officers effectively de-escalate crisis situations and respond to challenges related to mental health, substance misuse, and other disabilities. The City is engaged in a comprehensive effort to train both new recruits and a targeted group of active patrol officers and supervisors in CIT.

In keeping with the Mayor's Task Force on Behavioral Health in the Criminal Justice System Action Plan, the NYPD met its target of training 350 police officers in CIT by Fall 2015, and CIT has been incorporated into the NYPD Training Academy for new recruits. Building on this initial success, approximately 2,500 NYPD officers covering 115 precincts have been trained as of April 2016. Our goal is to train 5,500 officers.

Of the officers who received the training, 97% would recommend the training to their peers, and the media has reported on several cases of CIT-trained officers who helped to save the lives of people in crisis. The Mayor's Office of Criminal Justice and NYPD will conduct a robust evaluation of the training this year.

The Department of Corrections is also committed to providing its staff with the tools they need to address the mental health crisis in our jails. To date, the Department of Corrections has trained 158 Corrections officers and 61 civilians in CIT, and they expect to train 350 staff by the end of 2016.

Public Awareness Campaign

In order to change our city's mindset around the mind, we launched "Today I Thrive," a \$2-million-dollar ad campaign to raise awareness among New Yorkers about the prevalence of mental illness and the growing availability of effective treatment. The campaign—which includes TV, newspaper, social media, bus shelter, and subway ads, and palm cards in 11 languages—highlights the stories of people who are living full lives while managing a mental health condition. The subway ads alone are estimated to reach 2 million people.

Our goal is to help more New Yorkers understand that seeking help is an act of strength, not weakness. As a brave New Yorker named Bernard explains in his video, "It's up to you to admit you need help. And when the help comes, grab it and things will change."

ACT EARLY

Acting early is about helping New Yorkers develop their emotional fitness. As more of us learn positive coping skills, fewer of us will develop mental illness, and those who do will recover more quickly and completely.

We are investing in prevention and early intervention for all New Yorkers, with a special focus on our youngest citizens. In order to safeguard the future of our children, we must act early and make sure they are getting the mental health support they need, as soon as they need it. As First Lady Chirlane McCray likes to say, it is easier to grow strong children than to repair broken adults.

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Mental Health Consultants and 6 Field Supervisors are now serving 210 schools.

Mental Health Consultants Serving All Schools

While different schools have different levels of need when it comes to mental health, our Mental Health Consultants program was designed to ensure that every school has access to experts who can help educators meet the needs of their students. For the approximately 900 school campuses that do not currently have a Mental Health Clinic or other mental health resources, we are connecting them to Masters-level Mental Health Consultants. They are conducting needs assessments and facilitating training, linkages, and referrals to City and community-based mental health resources that are specially tailored to each school.

By the end of May, 23 Consultants and 6 Field Supervisors were operational and will serve 210 schools. By September, we aim to hire 40 more Consultants who will serve an additional 350 schools. We are on track to reach our total goal of hiring 100 Consultants and providing service to the remaining 340 schools by the end of 2016.

37

new Mental Health Clinics opened in Community Schools.



Mental Health Services in All Community Schools

We have opened 37 new Mental Health Clinics in Community Schools, and we plan to open an additional 15 in the next school year. We assessed the mental health needs of all 130 Community Schools—94 of which are also Renewal Schools—to ensure that every single one offers mental health services.

281 families received educational support from the Newborn Home Visiting Program.



Expansion of Newborn Home Visiting Program

The Newborn Home Visiting Program brings public health professionals into the homes of new parents to provide education on a range of topics, including child development, secure attachment and bonding, safe sleep practices, and breastfeeding. The professional also connects families to community resources and can screen mothers for depression. We have expanded the program to reach women and families in homeless shelters located in Brooklyn, Queens, Staten Island, Manhattan, and the Bronx. Since expanding into the shelter system, the program has successfully provided education and connections for an additional 281 families, and we anticipate being able to support 1,600 families living in shelter in 2017.

Relationship Counseling for All Foster Care Teens

The Creating Awareness about Relationship Equality (CARE) initiative teaches healthy relationship skills to teens in foster care so they will be better prepared to prevent, recognize, and respond to dating violence. Since launching in February, we have hosted CARE workshops for 263 young people and 243 foster care parents and staff. Our ultimate goal is to annually train 5,000 young people and 900 foster care parents and staff.

REAL-LIFE IMPACT

Newborn Home Visiting Program

When Natalie* moved into a Queens shelter with her baby boy, she did not have a crib for him. When a public health professional from the Newborn Home Visiting Program learned that the baby was still sleeping in a car seat, she provided Natalie with both a crib and education on safe sleep practices.

*Not her real name



REAL-LIFE IMPACT

Services for Youth in Shelters

Alex* is a young person who was no stranger to trauma when he first came to one of the City's Runaway and Homeless Youth centers. While he enjoyed therapy, he often missed his sessions, and his mental health care was interrupted when he was incarcerated. But after leaving jail in Spring 2015, the center's mental health team was able to engage Alex with increasing consistency. By February 2016, he was regularly seeing a psychiatrist, therapist, and art therapist. Together, they explored how childhood trauma led to his aggressive and unpredictable behaviors. A few months later, he moved into a transitional house and is now working a part-time job for the first time in more than a year. Alex continues to receive mental health services and has developed close relationships with the members of his mental health team.

***Not his real name**

CLOSE TREATMENT GAPS

In order for New York City to thrive, we must expand access to care. But availability of care is not the only gap that needs to be closed. We are also working to close gaps in quality, cultural competence, language diversity, and targeting resources to those New Yorkers who need help most.

Maternal Depression Learning Collaborative

The City of New York is committed to screening all pregnant women and new mothers for postpartum depression. If they need help, we will also connect them to appropriate care.

Our first step was bringing hospital systems on board. This effort is being led by NYC Health + Hospitals, the Greater New York Hospital Association, and Maimonides Medical Center. So far, 29 hospitals representing 78% percent of all births in New York City have joined the effort. Launched in February 2016, our goal is to screen and treat all pregnant mothers in their care by the end of 2017.

Early Child Treatment Capacity Expansion

This July, the NYC Department of Health and Mental Hygiene (DOHMH) will launch a network of seven early childhood mental health therapeutic centers to serve young children who are attending an EarlyLearn Center or Pre-K for All program and have serious mental health needs. The network will be supported by a technical assistance center and citywide training program for clinic providers. We anticipate serving approximately 4,200 people each year. This represents a major expansion of the City's capacity to identify and treat children from birth to five years old who are experiencing mental health challenges.

Mental Health Services for All Youth in Runaway and Homeless Youth Shelters

As part of *ThriveNYC*, the Department of Youth and Community Development has administered more than 1,700 mental health interventions to young people in their Runaway and Homeless Youth system. These acts include psychological evaluations, service referrals, and individual and group therapy. Mental health services are available to all youth at all contracted sites. A breakdown by program area:

- Transitional Independent Living Programs: 465 interventions
- Drop-In Centers: 600 interventions
- Crisis Shelters: 719 interventions

PARTNER WITH COMMUNITIES

Mental health is a deeply personal issue, and when people are ready to seek help they often turn to the people and places they are closest to, both emotionally and geographically. A key element of *ThriveNYC* is building strong communities, and helping people develop social ties and participate in activities that promote mental health, social trust, and resilience.¹ This means connecting neighborhood residents, non-profit organizations, social centers, and local leaders with government agencies and health and mental health professionals. When these stakeholders work together to strengthen the well-being of a community, the result is often happier and healthier residents—because we know that mental health and civic health are closely related.

NYC Mental Health Service Corps

People are far more likely to ask for help if they are in a place they feel comfortable, and if they can talk to people they trust. Our Mental Health Service Corps is an unprecedented effort to deploy close to 400 clinicians to substance use disorder programs and mental health clinics, and especially primary care practices in high-need neighborhoods throughout the city. We are currently recruiting a diverse group of physicians and recently-graduated Doctoral and Masters-level clinicians to join the Corps.

We will bring the Corps to full capacity over the next three years. So far, we have hired 110 Corps members, putting us on track to reach our Year One target of 125. We plan to launch the Corps in July 2016.

Connections to Care

Connections to Care (C2C) is an innovative, \$30-million-dollar effort to bring mental health resources to community-based organizations that already provide other needed services to New Yorkers. We have selected 15 community-based organizations to partner with us on this initiative. They provide services ranging from daycare to workforce development, and reach people across all five boroughs. Each organization will bring in experts from their partner institutions to train and mentor their staff members on addressing mental health needs of low-income New Yorkers. The training will cover:

¹ Tebes, J. K., Matlin S. L., Hunter B., Thompson A. B., Prince D. M., & Mohatt, N. (June 2015). Porch Light Program - Final Evaluation Report. Retrieved from consultationcenter.yale.edu/Porch_Light_Program_Final_Evaluation_Report_Yale_June_2015_218966_1095_5.pdf

- How to identify people in vulnerable populations who might be suffering from a mental health condition
- How to provide help and use basic counseling and support skills
- How to connect people to appropriate ongoing treatment

By early 2017, C2C will have trained approximately 600 staff members at community-based organizations and served approximately 9,000 participants. We plan to serve 40,000 New Yorker over five years.

Weekend of Faith for Mental Health

Clergy members are on the front lines of the mental health crisis, and we have worked closely with them throughout the development and implementation of *ThriveNYC*. During the weekend of May 20-22, more than 1,000 faith communities representing a quarter of a million New Yorkers and a broad spectrum of religions participated in the City's first-ever Weekend of Faith for Mental Health. At mosques, churches, synagogues, and temples throughout the city, New Yorkers spoke about the importance of sharing our stories, helping those who are struggling with mental illness, and seeking treatment if we are in need. First Lady Chirlane McCray, Deputy Mayor Richard Buery, other senior City Hall staff, and City Commissioners visited congregations to help spread the word.

NYC's first-ever Weekend of Faith for Mental Health (top, bottom)



Early Years Collaborative

Multiple City agencies are working with more than 40 community-based organizations in the South Bronx and Brownsville to implement the Early Years Collaborative (EYC). The aim of EYC is to work with local groups to launch interventions that promote early childhood success and bonding, which are key features for long-term mental health and resilience. EYC is currently focusing on Healthy Pregnancy, School Readiness, and Secure Attachment. While still in the implementation phase, we are making great progress on community outreach. By Fall 2016, we will have collected a significant amount of community data that will inform EYC's interventions.

Workforce Summit

On May 25, we convened a full-day Workforce Summit to propose and develop shared solutions to these challenges. Advocates, academic experts, leaders of health systems and insurance plans, trainers, and representatives from our colleges and universities came together to discuss how we can work together to create the mental health workforce our city deserves, with a focus on four key objectives:

- Identify and act on strategies that help health and mental health professionals: (1) implement and lead collaborative models, and (2) coach and support task-shifted roles.
- Diversify the field by creating strategies to attract and recruit a workforce that is more ethnically and socio-economically representative.
- Develop standardized workforce data that can be collected and analyzed on a regular basis.
- Facilitate the growth and optimized use of task-shifted roles and careers, such as community health workers and peer counselors.

Workforce Summit on May 25



Credit: Mayoral Photography Office

USE DATA BETTER

For all that we know about how to prevent and address mental illness, there are still just as many—if not more—questions that need to be answered for *ThriveNYC* to succeed. We will invest in getting better data—both traditional surveillance methods and innovative tools such as crowd-sourcing—to measure our progress and determine where we need to focus our future efforts. We will also help other stakeholders use data better and adopt proven methods.

Mental Health Innovation Lab

The City is establishing a Mental Health Innovation Lab that will help drive the use of evidence-based best practices, test new strategies and interventions, and ensure that data is put to work on behalf of efforts to create real change for New Yorkers. The Lab is currently supporting the roll-out of Connections to Care (C2C) and the Early Years Collaborative (EYC).

- **C2C:** The Lab is working with the NYU McSilver Institute, RAND Corporation, and NYC Center for Economic Opportunity to help C2C grantees use data and quality improvement methods to optimize their projects.
- **EYC:** In cooperation with the Institute for Healthcare Improvement, DOHMH Division of Family and Child Health, and NYC Administration for Children's Services, the Lab is leading a Learning Collaborative of more than 40 community-based organizations in the South Bronx and Brownsville in an effort to craft, test, and adopt initiatives that improve childhood well-being and parental attachment.

Child Health Survey

DOHMH completed the Child Health, Emotional Wellness and Development Survey (CHEWDS), a new cross-sectional survey of more than 3,000 families. CHEWDS collected reliable, representative, citywide data on the health, emotional wellness, and development of children ages 12 and younger living in New York City, including their service usage and needs. For instance, we found that 11% of NYC children aged 3 to 12 displayed emotional and behavioral problems. We also identified differences in prevalence across race/ethnicity and socioeconomic status. These findings will inform our child-focused initiatives. DOHMH is currently disseminating the findings to public health professionals and the general public.

School Mental Health Survey

The Department of Education completed a comprehensive survey of the availability of school mental health programs and resources. More than two-thirds of all schools participated in the voluntary survey, which will be used to help schools meet the mental and behavioral health needs of their students.

STRENGTHEN GOVERNMENT'S ABILITY TO LEAD

Mental Health Council

Mayor Bill de Blasio permanently established the NYC Mental Health Council in March 2016, bringing together 20 City agencies to work collaboratively on advancing mental wellness and managing *ThriveNYC* initiatives. The Council meets quarterly and serves as a key vehicle for sharing different perspectives, breaking down silos, and harnessing resources from multiple agencies to achieve common goals. At an initial meeting, the Council agreed upon three cross-agency objectives:



1) Build a Culture for Mental Health: The establishment of the Council represents a major step forward in our effort to make sure promoting mental wellness remains a top citywide priority. The diverse responsibilities of the agencies—including education, economic security, public safety, and child welfare—recognizes that every sector in our city has a role to play in creating communities and conditions that promote mental health.²

2) Improve the Workforce: Our city's workplaces—and the people who work in them—have a major role to play in promoting mental health.

Healthy Workplaces: Given how much time New Yorkers spend at work, it is imperative that employers prioritize the mental health of their employees. As NYC's largest employer, City government will lead the way by taking concrete steps to make our workplaces more mental health-friendly.

² Botezat I., Campion R. J., Garcia-Cubillana E. P., Guðmundsdóttir D. G., Halliday W., Henderson N., et al (December 2015). Joint Action on Mental Health and Well-being, Mental Health in all Policies: Situation analysis and recommendations for action. Retrieved from <http://www.mentalhealthandwellbeing.eu/assets/docs/publications/MHiAP%20Final.pdf>

Task-Shifting: Task-shifting is the idea that many types of care, prevention, and promotion initiatives can be provided, at least in part, by a range of non-specialists, including peers, family, and co-workers who are supported by specialized providers. City agencies will put this concept to work by training their staff members on the tools and skills they need to help New Yorkers who are dealing with a mental health issue.

Cultural Competence: In order to improve the workforce, we must also make sure it is as diverse as the city itself. That means recruiting New Yorkers from many different cultures so people can speak with someone who is fluent in their first language and understands where they're coming from.

3) Address Substance Misuse: The Council and the agencies it represents will play a central role in connecting New Yorkers to substance misuse information and proven harm reduction and treatment resources. These include both traditional counseling and life-saving tools like naloxone, which can prevent opioid overdose deaths. Today, thanks to a standing order issued by the Commissioner of Health, naloxone is available for purchase by any New Yorker at more than 690 pharmacies across the city. Interagency cooperation was also essential to the City's successful effort to combat the dangerous drug known as "K2," which resulted in an 85% decline in synthetic cannabinoid-related emergency department visits between July 2015 and May 2016.

Moving forward, the Council will consider other opportunities to put the combined impact, authority, and reach of City agencies to use in the fight against substance misuse in New York City.



PROMOTE FEDERAL AND STATE LEGISLATION TO SUPPORT THRIVENYC GOALS

In order to achieve our ambitious goals and create long-term systems change, the City must partner with leaders in Albany and Washington, DC, to secure new resources and policies that will bring about better and more innovative care that is aligned with the six guiding principles of the Roadmap. As a national leader on mental health issues, New York City is also embracing this opportunity to rally support behind legislation that will benefit the entire country.

State Policy Recommendations

Recommendation: Improve Access to Screening and Treatment for Maternal Depression

Maternal depression screening and referral to treatment is essential to improving the health of both mother and child. Earlier this year, the United States Preventive Services Task Force issued a recommendation that women should be screened for maternal depression during pregnancy and after giving birth. In order to achieve this recommendation, it is critical that Medicaid policy permit infant health care providers to bill maternal depression screening to an infant's Medicaid plan, either by adding maternal depression screening to Medicaid's Early and Periodic Screening, Diagnostics, and Treatment (EPSDT) benefit, or by some other mechanism.

The City supports the New York State Department of Health's recent policy to provide Medicaid coverage for postpartum maternal depression screenings conducted by maternal health care providers and infant health care providers. However the benefits of implementation will not be realized without an additional billing policy change that would enable pediatric care providers to screen all mothers for maternal depression regardless of their Medicaid coverage, and provide confidentiality safeguards for these women.

We strongly recommend that maternal depression screening be incorporated into the EPSDT benefit, or that changes be made that will permit infant health care providers to bill the infant's Medicaid for maternal depression screening performed during the pediatric visit. Other jurisdictions, including Illinois, Virginia, Minnesota, North Dakota,



We support state legislation that expands women's access to maternal depression screening.

and Colorado, have already done so. This policy change will both enable and encourage infant health care providers to screen all Medicaid-eligible mothers for maternal depression during the pediatric visit, regardless of their Medicaid coverage.

Additionally, the Mental Health Council supports two pieces of proposed State legislation that would require maternal health care providers to offer a maternal depression screening for every pregnant woman and new mother.

Recommendation: Expand Telepsychiatry Services

Telepsychiatry is an invaluable tool that allows mental health professionals to provide critical services via videoconferencing to people who cannot access treatment in person for a variety of reasons, including mobility challenges, limited local options, or the stigma of being seen asking for help. As of January 2016, New York State Office of Mental Health (OMH) regulations allow for the use of telepsychiatry in OMH-licensed clinic programs to a patient at a distant location. However, both the patient and the clinician must be physically located at licensed clinics.

The City commends the State for recognizing telepsychiatry as an important treatment resource. We recommended the law be expanded to take fuller advantage of this tool.

- **Expand the range of licensed clinicians who can provide Medicaid-funded telepsychiatry services to include clinical psychologists, licensed clinical social workers, and licensed family therapists.**

Telepsychiatry offers an opportunity to improve access to not only psychiatry, but also other mental health services such as talk therapy, which is often the form of treatment that clients prefer. This expansion would make it easier for people in underserved communities—for instance, Chinese New Yorkers who speak Mandarin—to get help.

- **Expand the range of locations where New Yorkers can receive telepsychiatry to include rehabilitation programs and homes.** This change should be coupled with privacy and emergency provisions to ensure the safety of patients.

With these expansions, telepsychiatry will be better positioned to fulfill its promise of helping people stick with their treatment and reducing costs related to preventable hospitalizations and emergency room visits.

Federal Policy Recommendations

In May 2016, First Lady Chirlane McCray traveled to Washington, DC, and encouraged Congressional leaders to pass The Recovery Enhancement for Addiction Treatment (TREAT) Act and the Mental Health Reform Act, both of which would make it easier for New York City to build on our initial successes.

Recommendation: Expand Access to Buprenorphine

Over the last decade, more than 7,000 New Yorkers have died as a result of an opioid overdose.

And for every opioid-related death, hundreds more New Yorkers are misusing these powerful drugs. What makes every life lost to opioids especially tragic is that we have access to medications that can help people recover. These include buprenorphine, which stops cravings and prevents withdrawal symptoms. Unlike methadone, another effective medication for the treatment of opioid use disorders, buprenorphine can be prescribed in primary care settings.

The City has already made a commitment to train at least 1,000 new providers to prescribe buprenorphine. But we could do even more with the passage of the TREAT Act, which would ease counterproductive restrictions and greatly expand the use of this lifesaving drug. Right now, federal law only allows certified physicians to prescribe buprenorphine. This shuts out nurse practitioners and physician assistants, who can prescribe virtually all other medications. Federal law also limits the number of patients a certified physician can treat. The TREAT Act proposes to change these limits in order to expand access to this lifesaving treatment.

Under the TREAT Act, the first-year patient limit for certified doctors would be lifted from 30 to 100 patients, and in subsequent years they could treat an unlimited number of patients. The TREAT Act would also allow nurse practitioners and physician assistants to administer buprenorphine.

Recommendation: Pass the Mental Health Reform Act of 2016

The Mental Health Reform Act will improve and modernize how the federal government allocates mental health funding and expand access to high-quality, evidence-based care, making it easier for the City and our partners to bring resources to the people who need them most, including new mothers and people who don't have a place to live. We are especially supportive of the Act's measure to bring mental health services into primary care locations, which will go a long way toward breaking down the wall between physical and mental health.



Credit: Mayoral Photography Office

Looking Forward



In our first 150 days, we have laid the groundwork for a number of major initiatives that will build on our initial progress and bring the promise of *ThriveNYC* to many more New Yorkers.

NYC Support

Finding the right mental health services can be a complicated and time-consuming effort. All too often, people give up or don't even try because they can't figure out the system on their own. That's why we are launching NYC Support, an improved, expanded and centralized resource for New Yorkers searching for mental health support.

NYC Support will be the place to turn for anyone seeking mental health services, similar to how 311 serves as a single access point for City services. But we will not only guide people to resources—we will also follow up to make sure they're actually getting the help they need.

NYC Support is on track to go live in October. In April 2016, we announced that the Mental Health Association of New York City will serve as our primary partner in this effort. The Association is also bringing on Beacon Health Options, Crisis Text Line, NAMI-NYC Metro, and Community Access to support their work.

NYC Support will:

- Allow New Yorkers to speak with a certified peer specialist who can support those struggling with mental health challenges.
- Allow New Yorkers to connect with mental health resources via text messaging and the web.
- Provide ongoing non-crisis counseling, such as follow-up phone sessions.
- Provide follow-up support through phone calls or texts designed to connect NYC Support users with the care they need.
- Provide more comprehensive crisis intervention, suicide prevention, and follow-up services for individuals who are at risk of suicide.

NYC Support will be available in Spanish, Mandarin, and Cantonese, and will have access to interpretation services for the 150 most commonly spoken languages.



Social-Emotional Learning

Social-Emotional Learning (SEL) teaches students how to build healthy relationships, handle conflict, and make good choices. These skills are the foundation of a healthy and productive life, and we need to start teaching them to our children as early as possible. That's why the City is expanding SEL supports in early childhood education and care settings. Beginning in Fall 2016, the Department of Education and Administration for Children's Services will train and support 9,000 teachers, assistants and school leaders across all Universal Pre-K and EarlyLearn sites on how to use SEL skills in the classroom, and how to engage families as teaching partners.

Virtual Learning Center for Community-Based Organizations

The City is developing a free, universally-available online learning center where non-clinicians can go to learn more about mental health and connect to professional resources. Our goal is to provide useful tools and knowledge to people who are already working with New Yorkers facing mental health and substance misuse challenges. Our initial audience will be clergy and leaders in our immigrant communities. DOHMH has been meeting with potential users to make sure the Center reflects their priorities. The Center is scheduled to go live in Fall 2016.

Geriatric Mental Health in Senior Centers

Mental illness knows no boundaries, including age. Our eldest citizens, especially those who are socially isolated, are at an increased risk for depression and suicide. That is why the NYC Department for the Aging (DFTA) will place a Licensed Clinical Social Worker or a professional with similar skills in up to 25 of our largest senior centers. We will roll out this program by July 2016 and expect to reach approximately 3,750 people annually. If the initiative proves successful, we will consider bringing it to other centers.

Veterans Outreach Team Expansion

New York City is home to 230,000 veterans, nearly a quarter of whom have a probable diagnosis of post-traumatic stress disorder and/or major depression. While many services are available to those in need, more than 40% percent of veterans in New York City report being unaware of what help is available, or uncertain about how to navigate the systems that provide assistance.

We must do more to help those who have sacrificed so much to keep us safe—and we will. By the end of 2016, we will launch a NYC Veterans Outreach Team that will help veterans navigate the mental health system and connect with care, with a focus on prevention and early intervention. This work is a collaboration between the Mayor's Office and the newly created Department of Veterans' Services.

Conclusion

The full measure of a major public health campaign can only be taken after years or even decades of sustained effort. That being said, a small snapshot can yield big insights into where a movement is headed, and how quickly it's traveling toward its destination. By virtually any measure, at the 150-day mark *ThriveNYC* is on track and gaining speed.

More New Yorkers are sharing their mental health stories.

More resources are available in those neighborhoods that need them most.

More police officers have the specialized knowledge they need to confidently engage people struggling with mental illness.

More students won't have to leave their school to talk to a mental health professional.

And that's just the beginning—looking forward, there is so much more to come.



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